

Florida Department of State

DIVISION OF CORPORATIONS

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Florida Profit Corporation
OLIVA DELIVERY CORP.

Filing Information

| | |
|-----------------|--------------|
| Document Number | P10000023514 |
| FEI/EIN Number | 27-2129362 |
| Date Filed | 03/16/2010 |
| Effective Date | 03/16/2010 |
| State | FL |
| Status | ACTIVE |

Principal Address

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Changed: 02/03/2011

Mailing Address

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Changed: 02/03/2011

Registered Agent Name & Address

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166

Officer/Director Detail**Name & Address**

Title (b)
(6)

(b) (6), (b) (7)(C)

11830 SW 206TH STREET
MIAMI, FL 33177

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2015 | 02/20/2015 |

2016 02/02/2016
2017 02/27/2017

Document Images

| | |
|-----------------------------------------------|------------------------------------------|
| 02/27/2017 -- ANNUAL REPORT | View image in PDF format |
| 02/02/2016 -- ANNUAL REPORT | View image in PDF format |
| 02/20/2015 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/14/2013 -- ANNUAL REPORT | View image in PDF format |
| 02/14/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/03/2011 -- ANNUAL REPORT | View image in PDF format |
| 03/16/2010 -- Domestic Profit | View image in PDF format |

Florida Department of State, Division of Corporations

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title

(b)

Name

Address

City-State-Zip

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title

(b)

Name

(b) (6) (b) (7)

Address

T

City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title (b)
Name (b) (6), (b) (7)(C)
Address T
City-State-Zip

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title (b) (6),
(b) (7)(C)
Name (b) (6), (b) (7)(C)
Address ET
City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title (b)

Name (b) (6), (b) (7)(C)

Address

City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)
(C)

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

FILED
Feb 14, 2012
Secretary of State

Current Principal Place of Business:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

4166 NW 132ND STREET
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 27-2129362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
9090 NW SOUTH RIVER DR
STE # 2
MEDLEY, FL 33166 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:
Name:
Address:
City-St-Zip:

(b) (6), (b) (7)(C)

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE

(b) (6), (b) (7)(C)

Electronic Signature of Signing Officer or Director

(b) (6),
(b) (7)

02/14/2012

Date